

CHRONIC WASTING DISEASE		HERD CENSUS FORM		DATE of Census: ____/____/____		
NAME:			BUSINESS NAME:			
ADDRESS:			SPECIES:			
CITY:		ZIP:	TOTAL NUMBER OF ANIMALS IN HERD:			
PHONE:			WI CWD HERD NUMBER: 35-CW-____--____		WI FARM-RAISED DEER REGISTRATION #	

#	OFFICIAL IDENTIFICATION	UNIQUE IDENTIFICATION	RE-TAG or Other Identification	Month & Year Born	SEX	Date Added to Herd
1				___/___		
2				___/___		
3				___/___		
4				___/___		
5				___/___		
6				___/___		
7				___/___		
8				___/___		
9				___/___		
10				___/___		
11				___/___		
12				___/___		
13				___/___		
14				___/___		
15				___/___		
16				___/___		
17				___/___		
18				___/___		
19				___/___		
20				___/___		

